

Creating an Account and ID Proofing

Creating a HealthCare.gov Account

Create an account

Create an account to apply for Marketplace coverage.

If you already have an account, [log in](#). If you're having trouble, don't create another account. [Get help if you're having trouble logging into your account.](#)

Select your state to get started.

Ohio ▼

First name

Last name

Your email address will also be your username when you log in.

Email address

Use:

✓ 8-20 characters

✓ Upper & lowercase letters

✓ Number(s)

Password

Retype password

Pick 3 questions that only you will be able to answer. If you forget your password, we'll ask you these questions to verify your identity.

Pick a question ▼

Type an answer

Pick a question ▼

Type an answer

Pick a question ▼

Type an answer

Creating a HealthCare.gov Account

☒ I understand and agree with the HealthCare.gov [privacy policy](#).



The Marketplace will automatically send you email with important information, updates and reminders about Marketplace enrollment. You can opt out of these communications at any time. To do this, click on the "unsubscribe" link in the footer of any Marketplace email.

CREATE ACCOUNT

I ALREADY HAVE AN ACCOUNT

Check your email

We sent you an email. Click the link in the email to verify your email address.
Then, log in with this username: **assufagej-6030@yopmail.com**.

Starting an Application on HealthCare.gov

SUSAN GRIFFITH

WELCOME

MY PROFILE

MESSAGES (0)

SUSAN, where would you like to go?

INDIVIDUALS & FAMILIES

START A NEW APPLICATION OR UPDATE AN EXISTING ONE »

Choose this option if you're looking for health coverage for you and/or your family. Or, you can review, renew, or make changes to your current Marketplace coverage.

FOR EMPLOYERS

[VISIT EMPLOYER MARKETPLACE »](#)

If you're a small business employer, choose this option to provide health coverage to you and your employees. You can also view

FOR EMPLOYEES

[VISIT EMPLOYEE MARKETPLACE »](#)

If you're a small business employee and you've received a SHOP employee code from your employer, choose this to view

Click to Start

Select KY

SUSAN GRIFFITH

Need coverage for 2016?

You'll need to:

1. Complete a 2016 application.
2. View your "Eligibility Results."
3. Choose and enroll in a plan by **December 15**, so your coverage can start on January 1.

HI

START MY APPLICATION

KHBE
Kentucky Health Benefit Exchange

ID Proofing

Verify your identity & contact information

Tell us about yourself. Use your complete name as it appears on your legal documents (like your driver's license or Social Security card). [Why do I need to verify my identity?](#)

| | | | |
|--------------------------------|----------|---------------|-------------|
| SUSAN | Middle | GRIFFITH | Suffix ▾ |
| Phone number | | Date of birth | |
| 333-333-3333 | Home ▾ | 01/01/1982 | |
| 123 Main St | | | Apt./Ste. # |
| Honolulu | Hawaii ▾ | 96813 | |
| Social Security Number (SSN) ⓘ | | | |
| XXX-XX-XXXX | | | |

CONTINUE

KHBE
Kentucky Health Benefit Exchange

ID Proofing

 Your identity couldn't be verified. Please review your information, and try again.

Verify your identity & contact information

Tell us about yourself. Use your complete name as it appears on your legal documents (like your driver's license or Social Security card). [Why do I need to verify my identity?](#)

SUSAN

Middle

GRIFFITH

Suffix ▾

Phone number

333-333-3333

Home ▾

Date of birth

01/01/1982


123 Main St

Apt./Ste. #

Honolulu

Hawaii ▾

96813

Social Security Number (SSN) 

XXX-XX-XXXX

RESUBMIT

ID Proofing

Verification assistance

We weren't able to verify your identity. Click "Continue" to try to verify your identity a different way.

CONTINUE

ID Proofing

Call the Experian help desk using the code shown on the screen

The screenshot shows a web interface for identity verification. On the left, a sidebar contains a 'VERIFY YOUR IDENTITY' section with two steps: '1 Contact information' and '2 Identity questions'. The main content area has a yellow background and displays the message 'Your identity wasn't verified.' followed by an explanation: 'You won't be able to submit your application for health coverage until your identity is verified.' Below this, it instructs the user to 'Call the Experian help desk.' and provides the phone number (866) 578-5409. A warning states: 'Call (866) 578-5409 and use the code below to verify your identity over the phone. You'll speak to someone who'll ask you more questions. You may have to make changes on the next page based on your call. **You won't see the code again after you leave this page, so please write it down now.**' The verification code 'Your code is: 09V-104-Q1Q-0K9-U5Q' is displayed and circled in red. Below the code is a green button labeled 'I HAVE VERIFIED MY IDENTITY OVER THE PHONE'. At the bottom, there is a link: 'If you aren't able to call now, [click here to return to My Profile.](#)'

After speaking with Experian, click “I have verified my identity over the phone”. Re-enter core information.

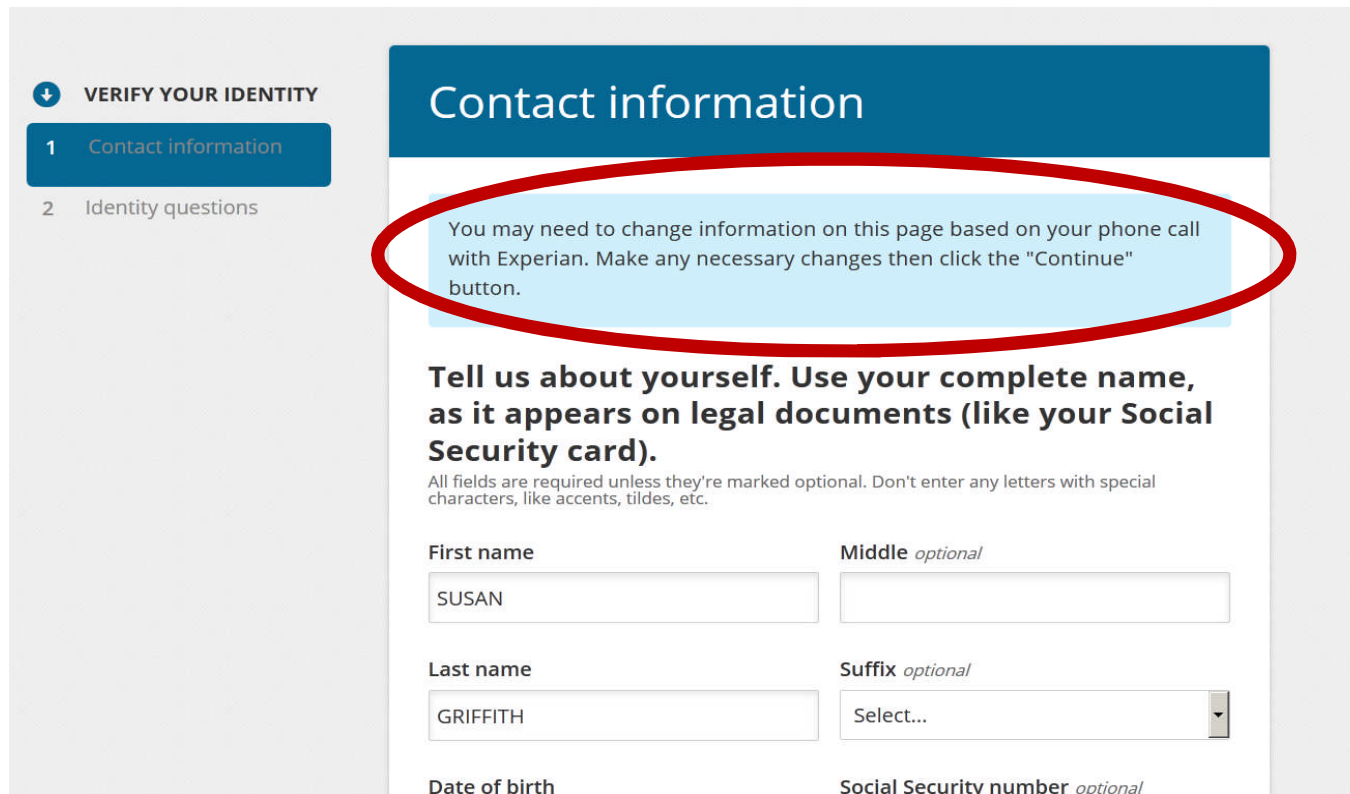
ID Proofing

What information is needed to verify identity through ID Proofing?

- Addresses of current and past places you lived
- Names of current and past counties you lived in
- **Auto ownership:** details of the car, like the license plate number
- Names of current and past employers
- **Credit cards:** name of the lenders, and year and month the accounts were opened
- **Mortgages:** name of the lenders, amount of mortgage, and the term (the number of months or years) of the loan
- **Loans (including auto, student, or home equity loans):** name of the lender, amount of the loan, and the term of the loan

ID Proofing

After speaking with Experian, click “I have verified my identity over the phone”. Re-enter core information.



The screenshot shows a web form titled "Contact information" under the heading "VERIFY YOUR IDENTITY". The form has two steps: "1 Contact information" (active) and "2 Identity questions". A red circle highlights a light blue box containing the text: "You may need to change information on this page based on your phone call with Experian. Make any necessary changes then click the 'Continue' button." Below this, the form instructs the user to "Tell us about yourself. Use your complete name, as it appears on legal documents (like your Social Security card)." and includes a note: "All fields are required unless they're marked optional. Don't enter any letters with special characters, like accents, tildes, etc." The form fields are: "First name" (SUSAN), "Middle" (optional, empty), "Last name" (GRIFFITH), "Suffix" (optional, dropdown menu showing "Select..."), "Date of birth", and "Social Security number" (optional).

VERIFY YOUR IDENTITY

1 Contact information

2 Identity questions

Contact information

You may need to change information on this page based on your phone call with Experian. Make any necessary changes then click the "Continue" button.

Tell us about yourself. Use your complete name, as it appears on legal documents (like your Social Security card).

All fields are required unless they're marked optional. Don't enter any letters with special characters, like accents, tildes, etc.

First name
SUSAN

Middle *optional*

Last name
GRIFFITH

Suffix *optional*
Select...

Date of birth

Social Security number *optional*

ID Proofing

| | | | |
|---------------------------------------------------------|-------------------------------------|-----------------------------------------------|--|
| Date of birth | | Social Security number <i>optional</i> | |
| <input type="text" value="01/01/1983"/> | | <input type="text"/> | |
| <small>MM/DD/YYYY</small> | | <small>XXX-XX-XXXX</small> | |
| Email address | | | |
| <input type="text" value="assufagej-6030@yopmail.com"/> | | | |
| Street address | | Apt./Ste #. <i>optional</i> | |
| <input type="text" value="123 Main St"/> | | <input type="text"/> | |
| City | State | ZIP code | |
| <input type="text" value="Honolulu"/> | <input type="text" value="Hawaii"/> | <input type="text" value="96813-"/> | |
| | | <small>XXXXX-XXXX</small> | |
| Phone number | Ext. <i>optional</i> | Phone type (Select one.) | |
| <input type="text" value="3333333333"/> | <input type="text"/> | <input type="text" value="optional"/> | |
| | | <input type="text" value="Select..."/> | |

CONTINUE

ID Proofing

In this example, the resubmission fails. Click “Resubmit information”

Your identity wasn't verified.

You won't be able to submit your application for health coverage until your identity is verified.

We're still not able to verify your identity.

If you verified your identity over the phone, you can try submitting your information again.

Please wait a few minutes and try again.

RESUBMIT INFORMATION

If you aren't able to resubmit your information now, [click here to return to My Profile.](#)

ID Proofing

+

VERIFY YOUR IDENTITY

1

Contact information

2

Identity questions

Contact information

You may need to change information on this page based on your phone call with Experian. Make any necessary changes then click the "Continue" button.

Tell us about yourself. Use your complete name, as it appears on legal documents (like your Social Security card).

All fields are required unless they're marked optional. Don't enter any letters with special characters, like accents, tildes, etc.

First name

SUSAN

Middle optional

Last name

GRIFFITH

Suffix optional

Select...

Date of birth

01/01/1983

MM/DD/YYYY

Social Security number optional

XXX-XX-XXXX

Email address

assufagej-6030@yopmail.com

Street address

123 Main St

Apt./Ste #. optional

City

Honolulu

State

Hawaii

ZIP code

96813-

XXXX-XXXX

Phone number

3333333333

Ext. optional

Phone type (Select one.)

optional

Select...

CONTINUE

KHBE
Kentucky Health Benefit Exchange

ID Proofing

Your identity wasn't verified.

You won't be able to submit your application for health coverage until your identity is verified.

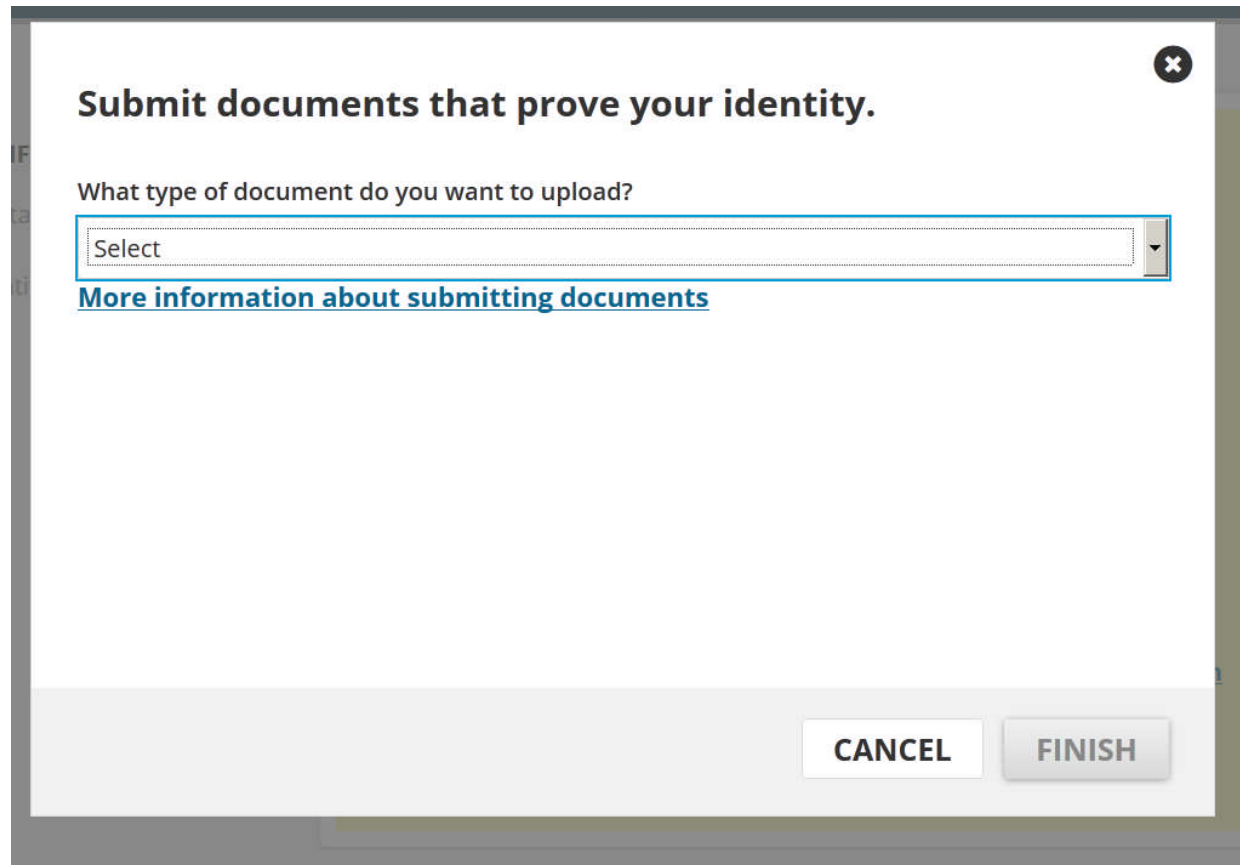
Submit documents that prove your identity.

Once you upload your documents, they'll be reviewed. The results of your identity verification will be emailed to you at assufagej-6030@yopmail.com.

UPLOAD DOCUMENTS

If you aren't able to upload your documents now, [click here to return to My Profile.](#)

ID Proofing



Submit documents that prove your identity.

What type of document do you want to upload?

Select

[More information about submitting documents](#)

CANCEL FINISH

The image shows a web form for ID proofing. It has a title bar with a close button (X). The main heading is "Submit documents that prove your identity." Below this is a question "What type of document do you want to upload?" followed by a dropdown menu currently showing "Select". A link "More information about submitting documents" is provided. At the bottom are "CANCEL" and "FINISH" buttons.

ID Proofing

Documents to verify identity

- Driver's license issued by state or territory
- School identification card
- Voter registration card
- U.S. military draft card or draft record
- Identification card issued by the federal, state, or local government
- U.S. passport or U.S. passport card
- Certificate of Naturalization (Form N-550 or N-570) or Certificate of U.S. Citizenship (Form N-560 or N-561)
- Permanent Resident Card or Alien Registration Receipt Card (Form I-551)
- Employment Authorization Document that contains a photograph (Form I-766)
- Military dependent's identification card
- Native American tribal document
- U.S. Coast Guard Merchant Mariner card
- Foreign passport, or identification card issued by a foreign embassy or consulate that contains a photograph

ID Proofing

If you can't provide a copy of one of the documents just listed, you can submit copies of 2 of these documents:

Birth certificate

Social Security card

Marriage certificate

Divorce decree

Employer identification card

High school or college diploma (including high school equivalency diplomas)

Property deed or title

If document can't be scanned, you can upload a clear photo of it instead.

Don't use these characters in the name of the file that you upload: / \ : * ? " < > | .

Identity verification usually takes 7 to 10 days. After documents are processed, the status on consumer profile should change to "Identity verified."

ID Proofing

Submitting Documents through Mail

Health Insurance Marketplace
465 Industrial Blvd
London, KY 40750-0001•

- Send copies only. DO NOT send originals
- Include name, date of birth, and Social Security Number (SSN) with copies. Write this on each copy submitted.
- Documents are typically processed **within 7–10 business days after they are received, if not sooner.**
- Once document copies are processed, consumer will get a written notice about identity verification. If identity still isn't verified, may need to submit more information.

ID Proofing

What if documents were sent but the consumer hasn't gotten a notice about identity verification or they are having issues verifying identity?

Call the Marketplace Call Center at 1-800-318-2596 to ask for an update. TTY users should call 1-855-889-4325.

Even if it has been more than 90 days and there is a wait for issues to be resolved, consumers can still finish an application and enroll in coverage.

Complete and mail a paper application

Important: Call Center representatives can tell if the Marketplace has received documents, but they won't have details about the status of the specific case, i.e. like whether the documents provided the necessary verification.

If the Call Center says the Marketplace HAS NOT received your documents: Review your eligibility notice and reminder notices you've received to see which documents to send.

Thank you